

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	SYSTEM FOR EXHAUST GAS TREATMENT COMPRISING A GAS IONIZING SYSTEM WITH IONIZED AIR INJECTION
Attorney Docket Number::	0546-1077
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: SABINE
Middle Name::
Family Name:: CALVO
Name Suffix::
City of Residence:: LES CLAYES SOUS BOIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 1, ALLEE DES MURIERS
Address::
City of Mailing Address:: LES CLAYES SOUS BOIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-78340

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: SANDRINE
Middle Name::
Family Name:: DUPRE
Name Suffix::
City of Residence:: ORSAY
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 13, RUE FLEMING, BATIMENT A
Address::
City of Mailing Address:: ORSAY

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-91400

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: STEPHANE
Middle Name::
Family Name:: EYMERIE
Name Suffix::
City of Residence:: PACY SUR EURE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 15, RUE DE LA VERDERIE
Address::
City of Mailing Address:: PACY SUR EURE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-27120

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: ALICE
Middle Name::
Family Name:: GOLDMAN
Name Suffix::
City of Residence:: GIF-SUR-YVETTE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 5, CHEMIN DES BUTTES

Address::

City of Mailing Address:: GIF-SUR-YVETTE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-91190

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: MAX

Middle Name::

Family Name:: GOLDMAN

Name Suffix::

City of Residence:: GIF-SUR-YVETTE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 5, CHEMIN DES BUTTES

Address::

City of Mailing Address:: GIF-SUR-YVETTE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-91190

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: YVANE

Middle Name::

Family Name:: LENDRESSE

Name Suffix::

City of Residence:: RUEIL MALMAISON

State or Province of

Residence::

Country of Residence:: FRANCE
 Street of Mailing 10, AVENUE PAUL DOUMER
 Address::
 City of Mailing Address:: RUEIL MALMAISON
 State or Province of Mailing Address::
 Country of Mailing Address:: FRANCE
 Postal or Zip Code of Mailing Address:: F-92500

Correspondence Information

Correspondence Customer 00466
 Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/02614	8/29/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/10752	8/30/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::